

Dr Vasireddi, despite his “rendezvous with a specialty” but because of his “love [of] primary care” clearly belongs in this latter group. However, until there is evidence to the contrary, I am not as sanguine as he is that our “fresh breed of primary care specialists” shares his affection.

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Guns and Violence—A Second Opinion

TO THE EDITOR: As physicians, we should not ever lose our compassion. Yet, we can remain compassionate and still be honest. When it comes to the issue of violence, guns, and self-protection, most medical journals have taken the easy way out of the melee. Instead of providing a balanced and fair approach based on truth and objectivity, the medical literature—and medical organizations—have echoed the emotionalism and rhetoric of the mass media. The constitutional right to keep and bear arms embodied in the Second Amendment must be protected. To preserve our liberty and the tenets of our constitutional republic, we must not jump on the bandwagon of political expediency—and this should include THE WESTERN JOURNAL OF MEDICINE.¹

It is unfortunate that many medical journal editors and writers have joined vociferous administration officials and the entrenched political establishment to propound the public health epidemiologic model to confront the media-tagged issue of guns and violence. This view espouses the erroneous concept of guns and bullets as virulent pathogens that need to be stamped out by limiting gun availability from law-abiding citizens. The only problem is that guns and bullets are inanimate objects that do not conform to Koch's postulates of pathogenicity. Dr Kellermann and others have been known to use the faulty *post hoc, ergo propter hoc*—“after it, therefore because of it”—reasoning, which blames guns for the rise of crime and violence in America. They forget that behind every shooting is a person pulling the trigger who should be held responsible without penalizing the vast majority of citizens who are responsible and law-abiding.

In 1991, 145 children between the ages of 1 and 14 years died of accidental gunshot wounds, 310 children died from suffocation (choking), 1,075 children died from burns, 1,104 died of drowning, and 3,271 died in motor vehicle accidents.² These are all tragedies, but do we want to ban food, matches, swimming, and automobiles? The fact is that the firearm accident rates in the United States (including those for children) have been declining steadily since the turn of the century, particularly after 1975, because of the emphasis that has been placed on gun safety education courses.²

Edgar Suter, MD, chair of Doctors for Integrity in Research and Public Policy, has reported that the actual costs of treating gunshot wounds in the United States is

about \$1.5 billion, which is less than 1% of our annual health care expenditures. He points out that estimates of lifetime productivity loss are based on the premise that “every gang banger is a brain surgeon and every rapist a rocket scientist,” and that these statistics are, therefore, unreliable.^{3(p65)} Dr Suter has published statistics derived from data compiled by criminologists that provide compelling evidence that guns in the hands of law-abiding citizens may potentially “save 75 lives for every one life lost to a gun,” and that the benefits of guns are “the lives saved and the injuries prevented, the medical costs saved, and the property protected.”^{4(p136)}

As far as teenage violence and guns in schools are concerned, more than 20,000 laws pertaining to gun control already proscribe handgun possession by minors and ban guns on school grounds.⁵ These laws need to be enforced. Despite all the media hype regarding guns and violence, careful scrutiny of available statistics (FBI Uniform Crime Report, 1992, 1993) shows that there has been a “relatively stable to slightly declining trend [for homicide and gun accident rates] for every segment of American society except for inner city teenagers and young adults primarily involved in illicit drug trafficking.”^{4(p134)}

The problems of our violent society are not related to an epidemic of inanimate objects, such as guns and bullets, but to deeper and more profound societal problems. What we are experiencing in America today is a crisis of conscience. There is a perfidious trend to absolve the guilty person of responsibility and moral accountability and instead blame society for every illness and affliction. As a result, by default, society picks up the blame and the criminal becomes a victim of circumstances. It is in this atmosphere that draconian gun control measures have been instituted that restrict the law-abiding citizens, but do nothing against the lawbreakers. What we need is a tougher criminal justice system without revolving prison doors and a larger dose of personal responsibility and moral accountability. Strongly needed are principles of moral and spiritual guidance as well as family cohesiveness and major reforms in the criminal justice system.⁵

While I support gun safety education courses and longer prison terms for criminals who commit crimes with guns, I oppose draconian gun control measures that would, in any way, disarm law-abiding citizens and leave them at the mercy of criminal elements who will continue to have guns. Political posturing, giving lip service to political correctness, and jumping on the bandwagon of political expediency are not the answer.

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Dr Kellermann Responds

TO THE EDITOR: The rhetorical excess of Dr Faria's essay is typical of the language used by critics of firearms-related research. Its success depends on painting opponents as extremists. If the argument cannot be won on scientific grounds, alternative strategies must be used. It is obvious that Dr Faria is not a constitutional scholar. Neither am I. But most of us learned in eighth-grade civics that the Supreme Court is the ultimate authority on the meaning of the Constitution, however. Both the supreme court and various federal appellate courts have repeatedly held that federal, state, and local governments can place reasonable limits on firearm ownership (W. E. Burger, "The Meaning, and Distortion, of the Second Amendment." *The Keene [NH] Sentinel*, November 26, 1991).¹

It is not necessary for an agent to conform to Koch's postulates to qualify as a public health hazard. Furthermore, it is rarely necessary to ban a hazard to reduce its adverse effects. Motor vehicles and cigarettes are prime examples of both concepts. Car crashes remain a leading cause of death in the United States, but we have been able to substantially reduce the rate of death per million vehicle miles driven through better automobile design, safer roadways, and tougher enforcement of speed limits and drunk-driving laws.² We have also made impressive progress in reducing the rate of death from cigarette-related heart disease by educating the public about the health hazards of smoking.³ Strategies like these could be used to reduce many firearm-related injuries and deaths as well.⁴

At two points in his essay, Faria refers to "draconian" gun control laws in the United States. Which laws does he consider draconian? Is a waiting period and criminal background check draconian? Are laws that restrict handgun purchases to one a month draconian? Are laws that outlaw the sale of handguns to minors draconian? Is any gun control law reasonable, or should all of them be abolished?

Physicians can and should play a key role in responding to the growing problem of firearm-related violence. Faria's comments remind us how far we have to go.

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Medical Costs Then and Now

TO THE EDITOR: Thank you for publishing the interesting commentary by Michael J. Hennessy, MD, regarding the thyroid operations on his grandmother.¹ In 1907 one of the Drs Mayo performed a successful thyroidectomy in the face of thyroid storm by immersing the patient in an ice bath. He operated on a recurrence 30 years later for the same fee.

The value of money has changed so much during the interim that the size of those fees may not be clear to some readers. It's a little hard to measure inflation accurately, as we buy different things at different times. In 1907, however, an eight-room house could probably have been bought for \$3,000, a woolen suit for \$4, and a large glass of beer for a nickel (sometimes with free snacks). From such numbers, it is likely that prices have risen 40- to 50-fold. Thus, Dr Mayo's surgeon's bill of \$240 would be equivalent to perhaps \$10,000 today.

The 1937 fee of \$240 can be related to a worker's income of about \$1,200. When my father took me to see the circus train unload in 1940, I bought a hamburger for a nickel, although his cost ten cents. Our maid was paid \$260 a year plus board and room. It looks as though surgeons' incomes have been going backwards for 90 years. By any calculation, hospital charges have been moving in the opposite direction.

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Dr Hennessy Responds

TO THE EDITOR: I want to thank Dr Burdick for his observations and perspective regarding turn-of-the-century medical costs. There was indeed a time when a nickel candy bar cost five cents.

The point of my article was fiscal vigilance. When direct exchange of money occurred between patient and physician, the value of service could be directly judged. The fiscal intermediary of health insurance and the myriad systems of managed care clouds the issue for patients. We enter an era in which profit is taken from those who request medical care and those who provide medical care. Administrative costs and shareholder profits threaten to erode our medical resources. Within our